DATENT	A DDI	IC ATION	TEDMINIAT	TON DE	

Effective October 1, 2000

Application or Docket Number

XLEINWACHTERS

CLAIMS AS FILED - PART I								SMALL EN	ITITY		OTHER	THAN
			(Column 1) (Co		(Colu	umn 2)		TYPE		OR	SMALL	
TOTAL CLAIMS		14		n þe			RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		<i>M</i> minus 20= ★		* #	P		X\$ 9=		OR	X\$18=	·	
INDEPENDENT CLAIMS			3 minus 3 = * (b)				X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II								,		•	OTHER	THAN
(Column 1) (Column 2) (Column Column					(Column 3)		SMALL		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	. 18	Minus	"d	0	= _		X\$ 9=		OR	X\$18=	
AME	Independent	TATION OF ME	Minus	*** 2)) [CLAINA	= -		X40=		OR	X8Q=	
<u> </u>	FIRST PRESE	NIAHON OF ME	JEHPLE DEF	ENDEN	CLAIM		ا ا	+135=	Y	OR	+270=	7
							L .	TOTAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)							,	ADDIT. FEE			הטטוו. רבבן	
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CLAINA]=		X40=		OR	X80=	
<u> </u>	I ING! FRESE	TATION OF MIC	JELIF LE DEF	LINDEINI	CLAIM		ן י	+135=		OR	+270=	
							A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	
⋖	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM] -	A4U=		OR	^o∪=	
* 1	f the entry in colur	nn 1 is lose than th	ne entry in only	mn 2 wielte	. "O" in co	lump 3		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					er four	nd in the and	ropriate box	cin col	lumn 1	